

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

087945655

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
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10	1					
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50						
TOTAL IND.	3					
TOTAL DEP.		10				
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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